

AJ5809NP
No. R45-10958

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 11/05/97
PAGE: 8

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	RALPH K WEST	05/10/1923	STOCKWATER	01-01 12-30	0.02 CFS	
C	ELDA WEST					
	RT 1 BOX 1700					
	BURLEY ID 83318					
	(208) 654-2065					
TOTAL DIVERSION:					0.02 CFS	

Water Source: SPRINGS

Tributary to: MARSH CREEK

Stage: BENEFICIAL USE

Point(s) of Diversion: T10S R24E S28

SWSW

CASSIA County

Place of use Legal Description for: STOCKWATER

NE				NW				SW				SE												
NENE		NWNE		SWNE		SENE		NENW		NWNW		SWNW		SESW		NENE		NWSE		SWSE		SESE		
T	R	S	: Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac
---	---	---	:	---	---	---	:	---	---	---	:	---	---	---	:	---	---	---	:	---	---	---	:	---
10S	24E	28	:				:				:				:				:				:	

POU County: CASSIA

Non-Irrigation Uses: STOCKWATER 15 HEAD CATTLE

Other Rights: NONE

Remarks: ~~OWN~~ PARCEL NO. 10S24E286000

Dates: Exam Made Date: Verified Date: Objection Filed Date:

Misc: Water District Number: Field Inspection Flag:
Presumption Flag:

Audit: 07/29/92 WHITE 03/30/95 POST-STD

updated
11-6-97
KKC

E. NARRATIVE/REMARKS/COMMENTS

FROM: Georgia Satterlee
 DATE: 26 April 1999
 RE: 45-07384

The field examination conducted for the above permit was on 29 March 1999. The permit is for on-stream storage for recreation use. The ponds are located on the property of Brent West and Ralph West. The schematic of the ponds shows the property line.

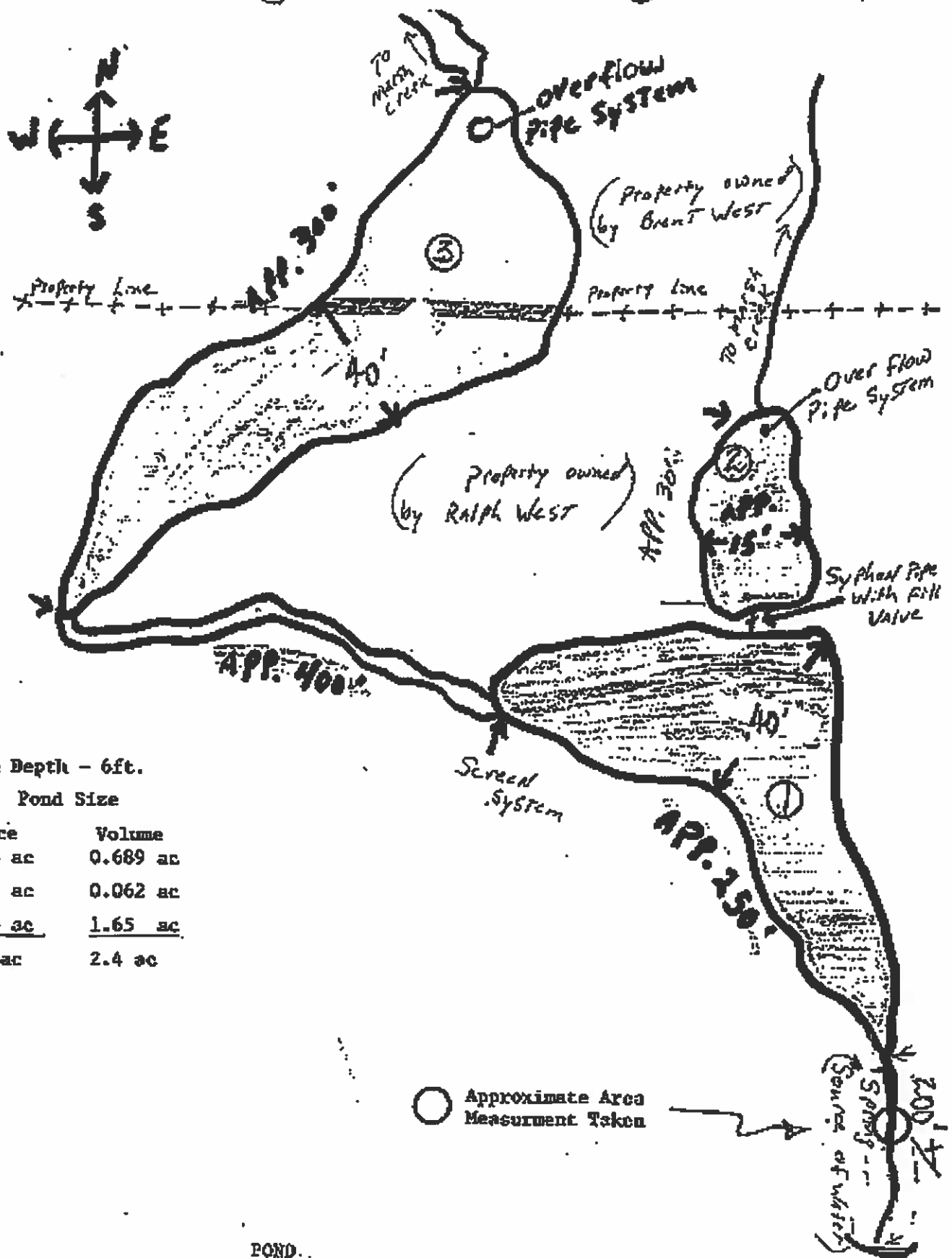
The sum of three ponds surface area is under $\frac{1}{2}$ acre. See schematic for the pond sizes and flow rate measurement. The flow measured was comparable with the permitted rate. Although a rate is not required for on-stream storage, the information is included in the file.

Adjudication Claims, recently decreed,
 Two claims with the same source and place of use:
 45-10957 (Monte & Peggy West)
 45-10958 (Ralph & Elda West)
 Two claims for domestic wells:
 45-10959 (Ralph & Elda West)
 45-10960 (Brent West and Ralph West)

Annual Volume for Ponds #1-#3:

surface area x irr requirement = evaporation
 0.40 ac x 4.0 = 1.6 ac ft

volume ac ft x fill one time = pond volume
 2.4 ac x 100% = 2.4 ac ft
 TOTAL 4.0 ac ft.



Average Depth - 6ft.

Pond Size

	Surface	Volume
1)	0.115 ac	0.689 ac
2)	0.01 ac	0.062 ac
3)	<u>0.276 ac</u>	<u>1.65 ac</u>
	0.40 ac	2.4 ac

POND
SCHEMATIC

West, Brent
29 March 1999 1400 hrs.

15-07224



photo looking u/s (south)

spring pd 50' south of tree

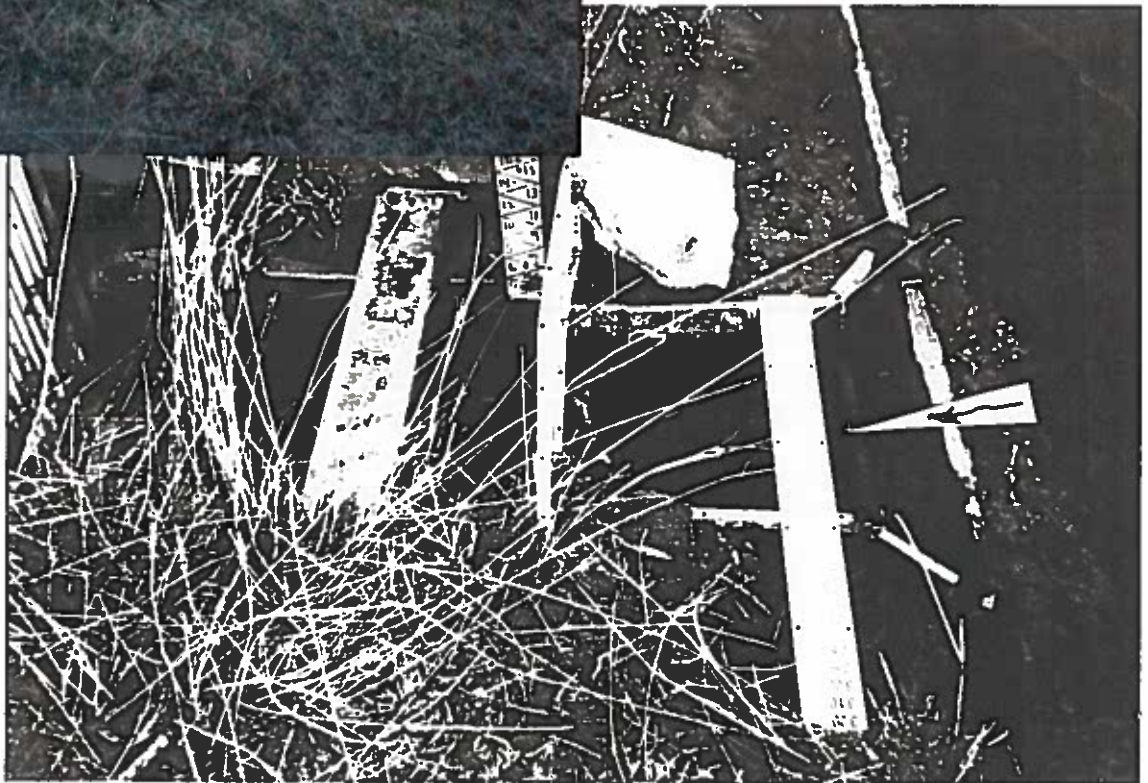
along stream bed, measured: $Q=VA$

$$V = \frac{9 \text{ foot}}{10 \text{ seconds}} = 0.9$$

$$A = 5' \text{ width } 0.7' \text{ height} = 3.5$$

$$Q = \underline{\underline{3.15 \text{ cfs}}}$$

outflow @ Pond#1



West, Brent

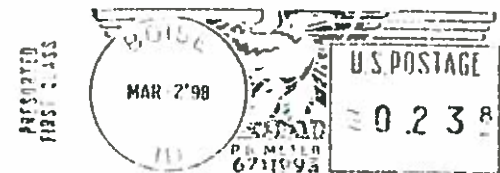
45-07384

29 March 1999
1400 hrs.
Examiner: G.Satterlee

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
1301 North Orchard Street, P.O. Box 83720
Boise, Idaho 83720-0098

RETURN SERVICE REQUESTED

DATA ENTRY DONE
REMAILED



3/12/98 *du* 45-10959
IMPORTANT WATER RIGHT INFORMATION

83 80 650E

45-10958
RALPH K WEST
ELDA WEST
RT 1 BOX 1700
BURLEY ID 83318

RECEIVED
MAR 06 1998

Department of Water Resources

833187 8337



IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A45-10958
Date Received: 6/13/1989
Receipt No: M003785
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: RALPH K. WEST 208-654-2065
Address: RT. 1 BOX 1700
BURLEY, ID 83318

AND/OR

Name: ELDA WEST 208-654-2065
Address: RT. 1 BOX 1700
BURLEY, ID 83318

2. Date of Priority: MAY 10, 1923

3. Source: SPRINGS Trib. to: MARSH CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
10S	24E	28	SW	SW	SW		CASSIA

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
STOCKWATER	01/01	12/30	0.020		

7. Total Quantity Appropriated is:
0.020 C.F.S. (and/or)

A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
S/ 15 HD. CATTLE

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
10S	24E	28	SW SW		STOCK	

11. Place of use in counties: CASSIA

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
NONE

14. Remarks:

15. Basis of Claim: BENEFICIAL USE

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____
_____ Date: _____

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. A45-10950
Date Received 5/30/1989
Receipt Number MO03785**RECEIVED**
MAY 30 1989**NOTICE OF CLAIM
TO A
WATER RIGHT**

Department of Water Resources

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day.

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Ralph K Weston Elder Phone (208) 654-2065Mailing Address RT. 1 Box 1700 Burley Id Zip 833182. Date of Priority (Only one per claim) 5/10/1923 Month/Day/Year3. Source of water supply (Check one) () Groundwater or Other () (a) Springs (unnamed)
Name or kind of sourcewhich is tributary to (b) Marsh Creek (Cassia)4. Location of point of diversion is: Township 10 South Range 24 EastSection 28, 1/4 of SW 1/4 of SW 1/4, Govt. Lot _____, BM.,County of Cassia

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate Etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well. _____

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For stock water purposes from 1/1 Month/Day to 12/30 Month/Day amount .02 (cfs)
(Both dates are inclusive)

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .02 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 3/15 cattle**MICROFILMED****MAR 08 1993**

10. Place of use is: Township: 10 South Range 24 East

Section 28, SW 1/4 of SW 1/4, Govt. Lot _____, B.M.,

County of Cassia for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any _____

11. In which county (ies) are lands listed above as place of use located? Cassia

12. Do you own the property listed above as place of use? Yes X No _____

If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above. None X

14. Remarks: _____

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number _____

16. Signature (s) _____

Number of Attachments _____

By signing I/We acknowledge reading the notice on the back of this claim form. I/We wish to receive for a small annual fee monthly copies of the docket sheet. YES _____ NO X

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) X Ralph K. Welch Date X 5-30-89

_____ Date _____

For Organizations: I do solemnly swear or affirm that I am _____

of _____, that I have signed the foregoing

document in the space below as _____ of _____

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____ }
County of Cassia } SS.

Subscribed and sworn (or affirmed) before me this 30th day of May 1989

SEAL

Notary Public Robert V. Thorstall

Residing at Twin Falls, Idaho

My Commission Expires 1/16/1995

Last Name _____ Ident No. _____

Copies: White-State, Yellow-Claimant

MICROFILMED
MAR 08 1993

